The Bright Future for Clinical Nurse Specialist Practice

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KEYWORDS

- CNS • Specialist • Expert • Future • Consensus
- Advanced practice registered nurse

KEY POINTS

- The perfect storm is here: health care reform, the Institute of Medicine's report, and the consensus model have all come together at one time. These 3 opportunities, along with the proliferation of institutions seeking magnet status, place the demand for the Clinical Nurse Specialists' (CNS) role at an all-time high.
- The CNS is trained to lead change in 3 of the most impactful areas of health care: direct patient care, nursing practice, and systems.
- Over the next several years, the demand for the work of CNS will grow exponentially, which will place a strain on the already-burdened nursing education system.

The future is full of opportunity and optimism for the Clinical Nurse Specialist (CNS) practice. It is a unique time in nursing history that carries tremendous importance, especially for CNSs. At present, there is a perfect storm of events that are culminating in a change in how health care will be delivered in the future in the United States. Health care reform is a work in progress and how it will ultimately look is unknown, but much of what is predicted holds promise for the continued growth of the CNS role.

As part of health care reform, the Patient Protection and Affordable Care Act, Public Law 111–148 (ACA),[1] is moving forward. What health care organizations described as the future in the ACA as accountable care organizations presents a great opportunity for CNSs with expectations of improved quality, safety, and assessment of health care outcomes for every American. The Institute of Medicine's (IOM) report on the Future of Nursing,[2] another major document released in the last 2 years, is nothing if not a call for CNSs to practice to the full extent of their training and education. CNSs are

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specifically educated to impact system change and improve the outcomes of nursing practice, which is a key concept in the report. Simultaneously, in an effort to retain high-quality care and the best nurses, many medical centers and hospitals have undertaken the journey to obtain Magnet status. The CNS has been documented in the literature to be in the perfect position to advance organizations in their Magnet journey.[3] Lastly but certainly not least is the Consensus Model for Advanced Practice Registered Nurses (APRN).[4] This new blueprint for all APRNs is widely accepted as the future for how licensure, accreditation, certification, and education will be accomplished in the future. All of these factors have now come together to give the CNS encouragement that the future is growing and improving.

Our future is bright. It is also built on the foundations of the past and the present. As we move to the future, we must understand the issues of the past and present to build on them to achieve what may be. Let this discussion of the past, the present, and the vision of the future guide decisions of CNS leaders in the future.

THE PAST

The role of the CNS presents a unique combination: a CNS is a nurse who is an expert nurse clinician who functions within a nursing specialty. This APRN operates in 3 distinct yet overlapping spheres of influence.[5] Within these spheres, the patient, nurse/nursing practice, and systems, the CNS uses evidence to develop or improve nursing practice, thus, improving patient outcomes. The foundations of the role are firmly centered in the essence of nursing practice and clinical expertise. Truly, the beginnings of this role reach as far back as Florence Nightingale's work during the Crimean War.[6] Nightingale, as an expert nurse clinician, worked within a specialty (trauma/combat) and used evidence to improve patient outcomes.

A new nursing role is only developed when there is a real or perceived need by society, the nursing profession, or the larger health care system. The role of the CNS grew from the societal and professional need for an expert clinician to guide peer nurses in areas of complex patient care and the reality that specialization was happening within health care and nursing.[7,8] The 2 separate phenomena, the need for an expert clinician and specialization, were developing simultaneously but actually developed independently of each other.[9] Hildegard Peplau brought the concepts together when she fully developed the psychiatric mental health CNS. The role further matured with the development of specialty competencies and role-specific competencies.[10] Evidence of societal and professional acceptance came over time: structured educational preparation that was CNS specific, educational programs became accredited, certification of individual CNSs was possible, and title protection/licensure occurred in some states.

The CNS role has been established as evidenced by discussions in the literature over the last 100 years. In a 1943 speech, Frances Reiter[7] talked about the "nurse clinician" as an expert nurse. She continued to refine her definition of this role for the next 40 years.[7] By 1966, she described the role as one with direct clinical practice and other indirect practices, such as activities carried out with other nurses and with other professionals but always on behalf of the patient.[7] This concept was identified as one of the conceptual beginnings of the 3 spheres of influence later described in the Statement on Clinical Nurse Specialist Practice and Education.[11] Reiter went on to further define this role as one that has a wide range of functions, an increased depth of understanding, and a provider of a wide breadth of services. The role of the expert clinician was seen as a part of nursing practice and as such needed to be controlled by nursing.[7] Not just any nurse could fill this role. The expert nurse clinician required experience, training, and a graduate-level education.[12]